

U.S. Department of State
NONIMMIGRANT VISA APPLICATION

PLEASE TYPE OR PRINT YOUR ANSWERS IN THE SPACE PROVIDED BELOW EACH ITEM							
1. Passport Number		2. Place of Issuance: <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-top: 5px;"><div style="width: 30%;">City</div><div style="width: 30%;">Country</div><div style="width: 30%;">State/Province</div></div>		DO NOT WRITE IN THIS SPACE B-1/B-2 MAX B-1 MAX B-2 MAX Other _____ MAX Visa Classification Mult or _____ Number of Applications Months _____ Validity Issued/Refused On _____ By _____ Under SEC 214(b) 221(g) Other _____ INA Reviewed By _____			
3. Issuing Country		4. Issuance Date (dd-mmm-yyyy)				5. Expiration Date (dd-mmm-yyyy)	
6. Surname (As in Passport)							
7. First and Middle Names (As in Passport)							
8. Other Surnames Used (Maiden, Religious, Professional, Aliases)							
9. Other First and Middle Names Used		10. Date of Birth (dd-mmm-yyyy)					
11. Place of Birth: <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-top: 5px;"><div style="width: 30%;">City</div><div style="width: 30%;">Country</div><div style="width: 30%;">State/Province</div></div>		12. Nationality					
13. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	14. National Identification Number (if applicable)		15. Home Address (Include apartment number, street, city, state or province, postal zone and country)				
16. Home Telephone Number		Business Phone Number		Mobile/Cell Number			
Fax Number		Business Fax Number		Pager Number			
17. Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single (Never Married) <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated		18. Spouse's Full Name (Even if divorced or separated, include maiden name)			19. Spouse's DOB (dd-mmm-yyyy)		
20. Name and Address of Present Employer or School <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div style="width: 40%;">Name:</div><div style="width: 60%;">Address:</div></div>							
21. Present Occupation (If retired, write "retired". If student, write "student")			22. When Do You Intend To Arrive In The U.S.? (Provide specific date if known)		23. E-Mail Address		
24. At What Address Will You Stay in The U.S.?				<div style="font-size: 2em; font-weight: bold; margin-bottom: 20px;">BARCODE</div> <div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto; position: relative;"><div style="position: absolute; top: 0; right: 0; bottom: 0; left: 0; display: flex; align-items: center; justify-content: center;"><div style="text-align: center;">DO NOT WRITE IN THIS SPACE</div></div></div> <div style="margin-top: 20px;">50 mm x 50 mm</div> <div style="margin-top: 10px;">PHOTO</div> <div style="margin-top: 5px;">staple or glue photo here</div>			
25. Name and Telephone Numbers of Person in U.S. Who You Will Be Staying With or Visiting for Tourism or Business <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-top: 5px;"><div style="width: 40%;">Name</div><div style="width: 30%;">Home Phone</div><div style="width: 30%;"></div></div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-top: 5px;"><div style="width: 40%;">Business Phone</div><div style="width: 30%;">Cell Phone</div><div style="width: 30%;"></div></div>							
26. How Long Do You Intend To Stay in The U.S.?		27. What is The Purpose of Your Trip?					
28. Who Will Pay For Your Trip?		29. Have You Ever Been in The U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No WHEN? _____ FOR HOW LONG? _____					

U.S. Department of State
SUPPLEMENTAL NONIMMIGRANT VISA APPLICATION

Approved OMB 1405-0314 Expires 07/31/2005

Estimated Burden 1 Hour*

PLEASE TYPE OR PRINT YOUR ANSWERS IN THE SPACE PROVIDED BELOW EACH ITEM

PLEASE ATTACH AN ADDITIONAL SHEET IF YOU NEED MORE SPACE TO CONTINUE YOUR ANSWERS

1. Last Name (s) <i>(List all Spellings)</i>					2. First Name(s) <i>(List all Spellings)</i>					3. Full Name <i>(In Native Alphabet)</i>																			
4. Clan or Tribe Name <i>(If Applicable)</i>										5. Spouse's Full Name <i>(If Married)</i>																			
6. Father's Full Name										7. Mother's Full Name																			
8. Full Name and Address of Contact Person or Organization in the United States (Include Telephone Number)																													
9. List All Countries You have Entered in the Last Ten Years <i>(Give the Year of Each Visit)</i>										10. List All Countries That Have Ever Issued You a Passport										11. Have You Ever Lost a Passport or Had One Stolen? <input type="checkbox"/> Yes <input type="checkbox"/> No									
12. Not Including Current Employer, List Your Last Two Employers																													
<table style="width: 100%; border: none;"><tr><td style="text-align: center;"><u>Name</u></td><td style="text-align: center;"><u>Address</u></td><td style="text-align: center;"><u>Telephone No.</u></td><td style="text-align: center;"><u>Job Title</u></td><td style="text-align: center;"><u>Supervisor's Name</u></td><td style="text-align: center;"><u>Dates of Employment</u></td></tr></table>																				<u>Name</u>	<u>Address</u>	<u>Telephone No.</u>	<u>Job Title</u>	<u>Supervisor's Name</u>	<u>Dates of Employment</u>				
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13. List All Professional, Social and Charitable Organizations to Which You Belong (Belonged) or Contribute (Contributed) or with Which You Work (Have Worked)										14. Do You Have Any Specialized Skills or Training, Including Firearms, Explosives, Nuclear, Biological, or Chemical Experience? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, Please Explain																			
15. Have You Ever Performed Military Service? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Give Name of Country, Branch of Service, Rank/Position, Military Specialty, and Dates of Service.																													
16. Have You Ever Been in an Armed Conflict, Either as a Participant or Victim? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, Please Explain																													
17. List All Educational Institutions You Attend or Have Attended. Include Vocational Institutions But Not Elementary Schools.																													
<table style="width: 100%; border: none;"><tr><td style="text-align: center;"><u>Name of Institution</u></td><td style="text-align: center;"><u>Address/Telephone No.</u></td><td style="text-align: center;"><u>Course of Study</u></td><td style="text-align: center;"><u>Dates of Attendance</u></td></tr></table>																				<u>Name of Institution</u>	<u>Address/Telephone No.</u>	<u>Course of Study</u>	<u>Dates of Attendance</u>						
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18. Have You Made Specific Travel Arrangements? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please provide a complete itinerary for your travel, including arrival/departure dates, flight information, specific location you will visit, and a point of contact at each location.																													
<p style="text-align: center;">Paperwork Reduction Act Statement</p> <p>* Public reporting burden for this collection of information is estimated to average 1 hour per response, including time required for searching existing data sources, gathering the necessary data, providing the information required, and reviewing the final collection. You do not have to provide the information unless this collection displays a currently valid OMB number. Send comments on the accuracy of this estimate of the burden and recommendations for reducing it to : U.S. Department of State, A/RPS/DIR, Washington, DC 20520</p>																													

For All Applicants: สำหรับผู้ยื่นคำร้องทุกท่าน

Do you have a registered marriage? ท่านจดทะเบียนสมรสหรือไม่ ☐ Yes ☐ No

How many children do you have? _____ What are their ages? _____
ท่านมีบุตรกี่คน บุตรของท่านอายุเท่าใด

What is your current salary? _____
รายได้ปัจจุบันต่อเดือนของท่านเท่าไร

What is your spouse's job? _____ Salary: _____
คู่สมรสของท่านมีอาชีพอะไร เงินเดือนเท่าไร

Total savings/time deposits: _____
เงินฝากสะสม/เงินฝากประจำ

What travel agency are you using? _____
ท่านใช้บริการท่องเที่ยวของบริษัทอะไร

For Self-Employed Applicants: สำหรับผู้ยื่นคำร้องที่ทำธุรกิจส่วนตัว

What kind of business do you have? _____
ท่านทำธุรกิจอะไร

How long have you had this business? _____
ท่านทำธุรกิจมานานเท่าไร

How many employees do you have? _____
ท่านมีพนักงานกี่คน

What is the average gross sales per month? _____
ยอดขายเฉลี่ยต่อเดือนเท่าไร

For student/exchange visitor visa applicants:

สำหรับผู้ยื่นคำร้องขอวีซ่าประเภทนักศึกษา/นักเรียนแลกเปลี่ยน

Who will sponsor your studies? _____
ใครจะเป็นผู้ออกค่าใช้จ่ายการศึกษาให้กับท่าน

Relationship of sponsor to you: _____
ความสัมพันธ์ระหว่างผู้ออกค่าใช้จ่ายกับท่าน

Sponsor's employer and job title: _____
ชื่อนายจ้างและตำแหน่งงานของผู้ออกค่าใช้จ่ายให้กับท่าน

Sponsor's monthly income: _____ Sponsor's total savings: _____
รายได้ต่อเดือนของผู้ออกค่าใช้จ่าย เงินฝากสะสมทั้งหมดของผู้ออกค่าใช้จ่าย

If your sponsor is not your parent: ถ้าผู้ออกค่าใช้จ่ายไม่ใช่บิดา/มารดาของท่าน

Why aren't your parents paying for your education? ทำไมบิดา/มารดาของท่านไม่เป็นผู้ออกค่าใช้จ่ายการศึกษาให้กับท่าน _____

Parent(s)' employer(s) and job titles: ชื่อนายจ้างและตำแหน่งงานของบิดา/มารดา _____

Parent(s) total monthly income: _____ Savings: _____
รายได้ทั้งหมดต่อเดือนของบิดา/มารดา เงินฝากสะสม

Do you live with your parents? ท่านอาศัยอยู่กับบิดา/มารดาของท่านหรือไม่ ☐ Yes ☐ No

If not, where do they live? ถ้าไม่ใช่ บิดา/มารดาของท่านอาศัยอยู่ที่ไหน _____